

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

DESIGNATION OF AGENT

Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 _____

EMPLOYER LEGAL TITLE _____

TITLE OF POSITION OF EMPLOYER AGENT _____

NAME OF AGENT _____

AGENT'S PHONE NUMBER _____ EXT _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S OFFICE HOURS _____

AGENT'S MAILING ADDRESS _____

EFFECTIVE DATE _____

TITLE OF POSITION OF ALTERNATE AGENT _____

NAME OF ALTERNATE AGENT _____

RETIREMENT CONTACT _____

PHONE NUMBER _____ EXT _____

INSURANCE CONTACT _____

PHONE NUMBER _____ EXT _____

Designation Certified By:

Date (MM/DD/CCYY)	Signature and Title of Certifying Official	Phone Number

NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.